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ART. I.—EMPLOYMENT OF TENTS IN THE TREATMENT OF  
CONSTIPATION.

BY M. LOUIS FLEURY, INTERNE OF THE HÔPITAL ST. LOUIS.<sup>1</sup>

The author of this article, after enumerating the different states of the system which may give rise to constipation, and after showing that in order to accomplish its removal those different conditions must be modified, observes, "That very frequently constipation itself constitutes the whole disease unconnected with any organic alteration, or appreciable lesion of functions, and for a long time is the only symptom which evinces that the equilibrium constituting health no longer exists; when other disorders make their appearance they are under its dependence, and disappear along with it. Its cause is entirely local, and does not extend beyond the rectum; it arises from atony of that intestine, the muscular fibres of which have lost the irritability and power of contractility necessary for them to overcome the resistance which the sphincters offer to the expulsion of the fæces."

Observation of many patients on whom the means generally employed in the treatment of this disease had not succeeded, prompted him to have recourse to a new mode of management.

M. Fleury has seen many patients, who, for a length of time, have been most actively treated for *gastro-enteritis*, diseases of the liver, &c., and who have been debilitated and tormented by diet, local and general bleeding, blisters, &c., without benefit. When the primary and only cause of the disease is recognised, the treatment made use of is attended with scarcely more efficacy; emollient *lavements* are the first means had recourse to, which afford, in fact, but slight relief; unfortunately they soon lose their effects, and are used by the patients sometimes three or four times in the twenty-four hours; purgative lavements are then substituted, which in as short a period become equally insufficient for producing evacuations; cathartics are then employed, with the same results. Immediately on their being suspended constipation recurs; their administration is daily repeated, the dose unceasingly augmented, and at length replaced by drastics. But the stomach often becomes inflamed, fever is occasioned, the treatment is obliged to be arrested, and constipation, along with difficulty of digestion, becomes more confirmed than ever.

Some physicians, feeling the necessity of acting immediately on the rectum, so as to put a stop to constipation, have, from its effects, extolled aloes, to which is attributed a specific and primary action on that intestine.

Aware of the inefficacy of all these plans, M. Fleury's attention was directed to the possibility of discovering more rational remedies; on reflection he thought that tents introduced into the rectum might perhaps fulfil this object; by acting as a foreign body, it appeared to him they would stimulate the intestine and arouse its contractility; he likewise observed

<sup>1</sup> Archives Générales, Paris, 1838.

that they frequently induced evacuations when introduced after the operation of fistula, and for stricture, or some other surgical affection. This means was tried in a patient whose disease had become very serious, and the history of which is related in the first of the following cases; it succeeded beyond M. Fleury's expectations.

On the 20th January, 1837, the Count de B——, aged 29, officer of lancers in the service of the King of Holland, entered the *Maison Royale de Santé*, to undergo treatment for an affection, the history of which he related himself:—

"Until the age of 26 I always enjoyed perfect health, uninterrupted by any kind of disease. My stomach, in particular, was so strong and active, that I frequently abused with impunity those qualities, by committing excess at table, and especially by drinking, as is the habit unfortunately of my country, and particularly amongst the military, rather large quantities of spirituous liquors. This mode of living until then was unattended with any unpleasant consequences; but at that period I observed some difficulty in my evacuations. I remained two or three days without going to stool, and, at the expiration of this period, I expelled with great pain only hard scanty fæces. This constipation occurred at the very time I led the most regular life; if on the contrary I committed excess, my bowels again became free. The discovery of such an easy means of relief perhaps made me abuse it; but it soon served only to fatigue my stomach, and I had recourse to the use of the pipe, having observed that it wonderfully facilitated my evacuations. Unfortunately this new mode soon lost its efficacy. I was obliged, in order to obtain a stool, to smoke several pipes in succession, to employ tobacco of increased strength, and even Manilla cigars, which ultimately were themselves unattended with any result.

Wearied of this state I consulted a physician, who entirely changed my mode of life, and forbade me to use meat and strong drinks, even wine. I ate nothing but leguminous vegetables, and milk diet, and used a lavement daily. This regimen produced no amelioration; after a time I was obliged to employ three or four lavements daily; my digestion became more and more difficult; I was continually tormented with flatulence, which occasioned great distension; my respiration was short, and red spots appeared on my face. I became much emaciated; melancholy; every thing soured me; sometimes I had paroxysms of gaiety of a ridiculous kind, succeeded by great sadness. My military service had become extremely distressing to me; I could ride on horseback no longer; my strength failed me. I consulted another physician, who pursued a different plan: he ordered me cold meats, some glasses of wine, and black coffee. This nourishment imparted a little strength to me, but did not modify my constipation. I made use of purgative pills, the composition of which I am ignorant of, and which relieved me only for a few weeks.

I was now perfectly disheartened, and on the point of resigning my commission. Society became insupportable, and life such a burden that I resolved to put an end to it violently, when I was advised to procure leave of absence and to undergo treatment at Paris. I experienced the hope that I might succeed in this trial; it shall be my last."

M. de B—— was carefully examined by M. Fleury, who could not discover any affection of the stomach and intestinal canal. The tongue was pale, the abdomen every where insensible to pressure; the pulse normal; no swelling was felt in any region. The patient was, however, emaciated and very weak; he had violent headaches; the cheeks were of a vivid red; the eyelids swollen; conjunctiva injected; digestion, although the patient ate very little, was laborious, accompanied by flatulence, eructations, distension, &c.; no evacuations occurred, except after several successive lavements.

At the end of three weeks he left the *Maison de Santé*, without receiving any benefit, and was attended by M. Fleury in private.

Eight days after, the idea of having recourse to tents recurred to M. Fleury, who proposed it to his patient; he consented, and at eight in the evening of the 9th of February a tent of the mean size was introduced, smeared with simple cerate, into the rectum. On the 10th the tent had given rise to rather vivid pains, and the patient was not able to retain it longer than two hours; it did not occasion an evacuation. I replaced a second tent, thinner than the first, covered with an ointment containing one dram of the extract of belladonna to an ounce of cerate. This second tent was retained until 4 o'clock in the morning; but the patient was obliged, in order to evacuate, to have recourse, according to custom, to several lavements. On the 13th, the third tent did not occasion any more pain; it was retained till the morning, and the patient on its withdrawal experienced a wish to go to stool. A small quantity of hard feces was expelled. On the 23d, the size of the tents was gradually increased, and these occasioned an abundant and easy evacuation regularly every day. M. de B— has given up the use of lavements and purgatives entirely; has appetite, and is put upon another regimen, and digests perfectly; his hemicranix have disappeared; and his gaiety and strength recurred.

On the 1st of March, the tents were introduced for not more than a period of two or three hours; the stools continued to be regular. 5th. The tents are suppressed. M. de B— enjoys good health, and wishes, in order to insure the durability of the cure, to remain in Paris until the end of the month. At that period he set out for Holland, and the following is a passage from a letter addressed by him to M. Fleury:—

"I performed the voyage from Paris to Breda without any stoppage, and without experiencing the least constipation. I have not been particular as to regimen, meat, wine—nothing incommodes me. I have resumed my service, and our long manœuvres have not altered my condition; my friends were unable to recognise me."

The other two cases detailed by M. Fleury were similar to this, and met with like success from the treatment employed.

## ART. II.—PHILADELPHIA HOSPITAL (BLOCKLEY).

DR. BUNGLISON, ATTENDING PHYSICIAN.

1.—*Cirrhosis, General Anasarca, and Ascites.* Reported by EDWIN A. ANDERSON, M. D., of Wilmington, N. C., Senior Resident Physician.

Ann Maria Hamburger, aged 65 years, admitted July 31st, 1838, was born in New Jersey; married; works in the open air at gardening. Has been subject to palpitations of the heart for the last three years; and severe attacks of dyspnœa, continuing for ten or fifteen minutes. Cough, attended with expectoration in the morning, and profuse sweating at night, for a long period. Appetite bad. Habits very intemperate. A month previous to her entrance into the hospital, had an attack of pleurisy of the left side, for which she was bled and purged. An attack of icterus supervened upon the pleuritis, followed by extensive infiltration of the upper and lower extremities, and effusion into the thoracic and abdominal cavities. The effusion into the thorax was so extensive, according to the voluntary account of the patient, that upon suddenly moving or rising she was sensible of a body of water rushing from one part of her chest to the other, the sound created by this movement being quite perceptible to her ear, and constituting the *succussus* of the old writers.

August 1st.—Came into the hospital labouring under excessive dyspnœa, obliging her to assume a semi-recumbent posture; lips pallid; skin of a deep yellow hue; conjunctiva of the same colour as the skin. She is of a

stout robust frame. Extensive infiltration of the upper and lower extremities; abdomen distended, presenting a very evident fluctuation; lower portion of both pleuræ dull on percussion; slight tremors of the hands when extended; tongue quivering; mind wandering, confused, symptoms of incipient mania à potu; pulse 90, full, hard, resisting to the finger; urine scanty and high-coloured.

*Prescription.*—R. Baccar. juniperi, ʒi.; aqua bullienta, Oi.; fiat potus indies bibendus.

R. Pulv. digitalis (American.), pulv. scillæ, aa gr. i.; hydrarg. submuriat. gr. ss.; fiat pulvis ter die sumendus.

August 2d.—Secretion of urine increased; œdema of extremities very much diminished; abdomen tense; lower portion of thorax more resonant on percussion; pulse 100, of good volume and strength; respiration easy, but 40 in a minute.

Continuentur medicamina.

August 3d.—In the night, arose from her bed and walked out of the ward, delirious, calling upon and addressing absent individuals as if present and conversing with her. Now, constant tremors of hands, quivering of tongue when protruded; pulse 88, full, bounding; refuses to remain in bed; imagines her life is threatened; exhibits, in a word, all the symptoms of genuine mania à potu. She was accordingly transferred to the Women's Lunatic Asylum, to be treated for that disease also. The symptoms there became very much aggravated, and on the morning of the 6th she died.

*Necropsy, July 6th, eight hours after death.*—Exterior very œdematous; abdomen yielding a very evident fluctuation. Upon opening the abdomen and thorax, the cells of the cellular membrane were found greatly distended with serum.

Thorax.—Lungs healthy, crepitating; containing air; left lung slightly engorged with serum. Heart natural.

Abdomen.—Liver enlarged; weighing about ten pounds; granulated; surface raised into a number of round mammellated protuberances, of a tawny colour, closely resembling beeswax, none of them larger than a pin's head; substance of these granulations compact; when divided presenting a smooth, flat, even surface. Consistence of liver very firm, admits the finger with great difficulty, semi-cartilaginous, evidently greasing the scalpel when cut into; the whole organ presenting an excellent specimen of *cirrhosis*, combined with hypertrophy,—not with diminution in bulk as defined by Laennec.

The gall bladder contained a dark-coloured bile. The stomach presented, along its greater curvature, a highly injected state of vessels; the mucous membrane was easily detached, beyond which the injected state of the vessels ceased.

The small intestines contained a small quantity of thin yellowish fæces. The mucous membrane was of a light rosy tint throughout the greater part of its course, and free from ulceration.

The large intestines were healthy.

The spleen and kidneys presented no unusual appearance.

E. A. ANDERSON.

2.—*Case of Phthisis Pulmonalis.* Reported by A. M. VEDDER, A. M., of Schenectady, N. Y., Senior Resident Physician.

In No. 10, pages 154 and 155 of the "Intelligencer," will be found an epitome of a case of phthisis pulmonalis, No. 1. Since that note was taken the patient has died.

Note of August 11th.—Emaciation advancing; decubitus still upon the right side, any other excites coughing; appetite bad; hectic continues; no diarrhœa. The physical signs correspond almost exactly with those described in page 155 of this journal. Strength much diminished; intelligence clear; hemorrhage from the lungs commenced this morning.



August 13th.—Since last note the hæmoptysis continued, amounting during the last twenty-four hours of life to thirty-six ounces. Died August 12th.

*Necroscopy, August 13th, twelve hours after death.*—Exterior: emaciation advanced; no infiltration of lower extremities. Thorax: left lung adherent throughout, and with the greatest difficulty removed; in removing it a large cavity was opened, which discharged about a pint of dark fluid blood. The pleura pulmonalis anteriorly was three eighths of an inch in thickness, hard and almost cartilaginous; on cutting into it the scalpel passed immediately into a large anfractuous cavity, occupying the whole of the superior, and about one half of the lower lobe; numerous firm bands traversed it in all directions (obliterated blood-vessels); two or three were of a light red colour, and, as it were, dissected out; they were still permeable; a probe could be passed into them. An imperfect, almost cartilaginous, septum existed, which could with difficulty be cut with the scissors, constituted apparently by the pleura, which dipped between the lobes. Numerous small cavities communicated with the large cavern, which varied in size from an almond to that of a pullet's egg. The large, and nearly all the small cavities, were lined by an old and polished membrane. Numerous bronchial tubes terminated abruptly in the cavity, which appeared as if cut off; these varied in size from that of a pipe-stem to double the size; one of them was about half an inch in diameter. On the anterior surface of the lung was an opening, which communicated with the cavity. It was known to be an old one by the characters of its border, which were smooth, rounded, firm and shining. The lung was here so firmly bound down that it must have prevented the passage of air into the cavity of the pleura. Only one mass of tubercles was met with in the lung, of about the size of an egg. A small portion of the base of the lung still preserved its vesicular structure; crepitated, and was engorged with blood. This was the only portion of the whole lung in which the vesicular structure was not destroyed. Indeed, except in this portion, it was one mass of dense cellular tissue. The healthy portion could be supplied with air only through the cavity, for no continuous bronchial tube led to it.

The right lung was slightly adherent; large, and some of the vesicles of the upper lobe were enlarged. It was distended with air, and contained very little fluid. A few scattering nuclei of tubercles were met with. In the posterior part of the upper lobe there was a small cavity lined with a smooth membrane.

No cavity was seen in the lower lobe, which was gorged with blood, and contained air.

The bronchial glands were tuberculous.

The pericardium contained about two ounces of serum. The heart was about the average size; both ventricles were collapsed, flaccid, and rather pale; no coagula in the heart.

The ventricles were rather thinner than usual; the left was four tenths of an inch in thickness. The valves of the aorta and pulmonary artery were soft and flexible.

The mitral and tricuspid were normal.

Other organs were not examined.

A. M. VEDDER.

## ART. III.—REMARKS ON MR. VELPEAU'S OBSERVATIONS ON THE INTRODUCTION OF AIR INTO THE VEINS.

BY JAMES BOLTON, M. D., OF BALTIMORE.

Baltimore, Sept. 26, 1838.

Dear Sir,—On reading the article by Velpeau on the introduction of air into the veins, I observe that author makes the following remark: "Those of M. Rigaud, of M. Malgaigne, and Dr. Mott, only indicate a wound of the *external jugular vein*."<sup>1</sup> He therefore passes it by as unworthy to be classed among those "which allow us to regard the fact as possible, considering the region and the vein wounded." An intimate acquaintance with Dr. Mott as his pupil, and a short time as his assistant, enables me to pronounce with confidence this remark of Velpeau incorrect. In fact, in a previous part of the article he states, that "During the operation the *facial vein* was opened."<sup>2</sup> Now the facial vein is well known to be a tributary to the *internal jugular*, from the opening of which he admits, (though the whole article is strongly marked with scepticism,) that the introduction of air may occur. Dr. M. states, that "This patient was hemiplegic several hours after the accident," but eventually recovered. I have noticed this error particularly, because it tends to call in question the accuracy of observation of that deservedly distinguished American surgeon, whilst those well acquainted with him have often been astonished at the accuracy of his powers of diagnosis, appearing almost to be instinctive. I believe all who have ever heard Dr. Mott's clear graphic description of this case have been fully impressed with a belief in the correctness of his conclusion.

Very respectfully yours,

JAMES BOLTON.

Robley Dunglison, M. D.

## ART. IV.—ON THE TREATMENT OF FRACTURES BY THE APPAREIL IMMOBILE,

*As modified by Messrs. King and Christophers, with cases; being the substance of a lecture delivered at the Blenheim Street Dispensary, Aug. 1.*

BY T. KING, M. D., SURGEON TO THE DISPENSARY.

In submitting to the judgment of the profession a modification of the *Appareil Immobile* for the treatment of fractures, I deem it may be advantageous to enquire what are the principles on which the treatment of ruptured bones ought to be founded; in other words, what are the indications which require to be fulfilled in that treatment. For the purpose of ascertaining what they are, it will be necessary to revert to the process which nature adopts in the cicatrisation of bone—to the phenomena observed in the formation of the callus. This kind of enquiry ought to be made, whenever new plans are proposed for the treatment of any disease, in order that a just estimate may be formed of their value. When we know what the natural process of cure is, we generally know also pretty well what measures are best suited to protect, facilitate, and ensure it. We must afterwards appeal to experience to have them ratified or annulled, according to the results obtained. With regard to fractures, then, we shall first endeavour to discover the principles of treatment, *a priori*, and examine how far the modification of the *appareil immobile* accords with them; and then state the results of the experience we have had in using the modified apparatus.

It appears that when a bone is broken, the ruptured vessels of the osseous tissue, medullary membrane, and surrounding parts, give issue to more or

<sup>1</sup> American Medical Intelligencer, Vol. II., p. 69.<sup>2</sup> Ibid, p. 51.

less blood, which spreads itself around the fragments, and which, after some hours, coagulates. In a short time, all the parts involved swell and throw out lymph. The blood, or its red part, is very soon absorbed, and a tenacious, viscid matter is found between the fragments, opposite the walls of their canal. This matter is to form the ultimate cicatrix, and, although joined to, and continuous with, the general mass of lymph existing on the outside of the fragments and within the medullary canal, is distinct from it. At the end of eight or ten days, this mass becomes firm, pale, and semi-cartilaginous, while the lymph opposite the walls of the canal remains gelatinous. Its consistency continues to increase; it becomes more circumscribed, and finally ossifies. It is this mass, forming a kind of soldering on the outside and on the inside of the walls of the medullary canal, which Dupuytren (to whom I believe we are indebted for a knowledge of most of the details concerning the cicatrization of bone) has termed the temporary callus. Its ossification is complete about the fortieth or fiftieth day. It is only after this time that the substance between the walls of the canal, which is to be the permanent callus, ossify and knit the ends of the bones firmly together. When this has become ossified, the mass outside and inside the canal, that is, the temporary callus, is absorbed.

When the fragments are not kept in apposition, the phenomena are different; the temporary callus remains, and the medullary canal is not re-established. When the fragments are exposed to the air, as in cases of compound fracture, they unite, like the soft parts, by granulation. It is a remarkable fact, that the details furnished by Dupuytren are in accordance with the doctrines of our Hunter on the union of soft parts, and that the ancients were not far from the truth when they supposed the fragments of a broken bone became united by a plastic matter, exuded between and around them.

We perceive that the process, by which the fragments of a broken bone unite, is a long one—one in which a great and long-sustained effort is made, producing, through divers changes, a great result. It appears evident that it can be well carried on only when the fragments are kept still. The first principle, therefore, to be observed in the treatment of fractures, is to keep the broken parts in a perfect state of repose; and this involves another—that any apparatus applied for the purpose should press equally on every part of the limb. We want, if possible, to clasp the bone around, as if it were naked; and the more exactly the limb is embraced, the more efficiently will it be supported.

As the callus undergoes divers changes, not only with regard to consistency but also as to volume, the soft parts must also be subject to changes of position, which cause the size of the limb to vary. But the size of the limb will vary most, on account of the inflammation resulting from the injury the soft parts usually receive from the cause producing the fracture. From this variation of volume we derive the principle, that the apparatus applied round the limb should expand and contract accordingly.

As the progress of cure is a long one, as it takes from forty to fifty days to give solidity to the callus, and that complete privation of exercise for this time is detrimental to the whole body, more especially so to the joints in the neighbourhood of the fracture, which thereby become rigid, and not unfrequently the seat of incipient ankylosis, it must be a principle of great importance, that the apparatus applied should admit of exercise of the body, and of the joints near the fracture, to the fullest possible extent compatible with the stillness of the fragments themselves.

If we enquire how far the apparatus usually employed answer the indications required, we shall find them in many respects defective. The splints, which constitute the chief part of such apparatus, and on which we rely to keep the limb steady and motionless, cannot be made to press equally; and, when the limb is surrounded by them, they are usually fastened so that, if any variation occur in its volume, the box they form is in nowise susceptible

of enlarging or diminishing accordingly. Whatever padding is employed to fill up the hollows between the splint and the limb, the pressure can never be perfectly uniform; and it has the inconvenience of keeping the parts in a state of heat. Pasteboard splints can be made to fit more exactly; but even these cannot be made to wrap round the limb with great nicety. Impressed with these defects, Seutin conceived that a bandage, rolled round the limb with perfect exactness, might be converted into one entire hollow splint, case, or mould, sufficiently strong to prevent motion. He effected this object by applying successive layers of bandage, with a thick coating of paste to hold them together, between each layer; and when the paste is dry, the limb is thus encased in a box or mould, which exactly fits it. It is impossible to deny that this apparatus accords with the principles we have deduced, and fulfils the indications much better than those usually employed. It presses equally on every part, and possesses sufficient resistance to supply for a time the place of the bone. It is, however, open to the objection that it does not expand and contract as the limb may swell or diminish. In some cases, I believe, it has been necessary to remove it; and the proposal to cut it down in several places, so as to convert it into several splints, first led to the modification we have just now introduced. This proposal was made by a medical gentleman whom I was attending for a fracture of the fore-arm. Very shortly after this, I was called to treat a fracture of the humerus. The limb was in a state of tumefaction, which made me fear the absolute confinement of it in Seutin's apparatus; and I employed straight, separate splints, such as the French use. When the callus had become sufficiently strong to admit of some little motion, as the patient complained of the weight of the apparatus and the cramped position of his arm, I applied the apparatus of Seutin; but as the limb was still tender, and swelled a good deal towards evening, I considered it would be advantageous to slit the apparatus open along the inside of the arm, so that it might yield and return upon itself according to the variation in the volume of the limb. It answered the purpose tolerably well, but was not sufficiently elastic to follow the limb in its changes of volume. In talking the matter over with Mr. Christophers, who was attending the case with me, it occurred to him, that it could be made so, it would be a considerable improvement; and the means he suggested, which are as simple as ingenious, I immediately adopted. He proposed applying around the apparatus slit open, a certain number of elastic straps, made of India rubber, with buckles which admit of their being drawn to the requisite tightness. They are rather more than an inch wide, and rather longer than is necessary to encompass the limb. Four of these were applied, and converted the apparatus into a case sufficiently elastic to follow the changes in the volume of the limb, and yet of sufficient strength to afford the requisite support. It appears to me that Seutin's apparatus, thus modified, fulfils, as nearly as possible, and much better than any other, all the indications required; and it must be evident that it will be even a greater boon to the patient affected with a compound fracture than to one whose fracture is simple.

In case the limb undergo a considerable diminution of volume, it will only be necessary to remove a longitudinal strip of the apparatus, instead of opening it by a longitudinal incision; and the strip should, of course, be removed, or the slit made along that side of the limb on which the nerves and vessels exist, and which can least bear pressure. We deem it not improbable that the apparatus, thus modified, will be found useful in the treatment of many diseases, where it is essential to keep the parts motionless, without exercising an unyielding resistance, or a pressure in the least degree unequal. Mr. Christophers proposes to employ it for that troublesome disease—a varicose state of the veins. I cannot help thinking that, if made light and applied with care, it will answer the purpose admirably. The results of our experience of its employment in cases of fracture will appear in the following cases:—



**CASE I.**—Mr. Hemming, of No. 6, Piccadilly, fell down, about two years ago, and severely lacerated his right arm, in the neighbourhood of the condyles, which, since the accident, has been subject to swelling and pain. About two months ago he was thrown from a gig and fractured the humerus of the same side, at the upper part of the inferior third. There was considerable contusion, and the whole limb became much swollen. I applied the ordinary apparatus for fractures of the humerus, which required great attention, on account of the inflammation of the soft parts. At the end of three weeks I substituted Seutin's bandage for that before employed, to the great comfort and satisfaction of the patient. I took, however, the precaution to slit it open, after it had become dry, along the course of the nerves, on the inner region of the arm. A great amelioration followed this change of apparatus. As, however, Mr. Christophers suggested that it might be made more perfect by the employment of elastic bands, and as he had the kindness to prepare them without delay, I applied them, and found them fully as advantageous as I had anticipated. The case has gone on well, the patient having been able to move the limb a good deal, and to take general exercise ever since the last apparatus was applied.

**CASE II.** (as drawn up by Mr. Christophers.)—Elizabeth Dixon, aged eleven months, residing No. 1, Phoenix street, became a patient of the Blenheim Street Dispensary, June the 19th, 1838. She is a strong healthy child, not yet weaned. Her mother gave the following account:—My eldest daughter, aged 10 years, was carrying Elizabeth on one arm, and drawing a child's chaise with the other, when the child suddenly sprang backwards and fell on the pavement. She cried but little at the time; but, when put to bed, exhibited symptoms of great pain, and would only lie with her shoulders and pelvis raised. In this position I found her the next morning; she was exceedingly irritable, and apparently in much pain. There was a bruise, with considerable swelling on both knees, and a cut on the upper lip. Not feeling satisfied as to the extent and nature of the injuries, I called in Mr. King, who detected a fracture rather below the middle of the left femur. We applied Seutin's apparatus, which appeared to do well for two or three days, when the child seemed uneasy. The uneasiness was diminished by a longitudinal division of the apparatus, along the inside of the thigh. As soon as I had seen the advantage of the elastic bands, I added these to the apparatus; and ever since, the child appeared to move the body with greater security, and to be quite free from pain, although left to play on the floor with her brothers and sisters, without that care which the case appears to demand. The patient is now quite well.

**CASE III.** (related by Mr. Christophers.)—S. Tomlison, aged 49, a painter, residing at No. 10, Rose street, Greek street, became a patient at the Blenheim Street Dispensary, July 13th, 1838; he stated his case as follows:—“I was helping to carry a heavy case down stairs, and when nearly at the bottom of the flight, I thought there were no more steps, which caused me to make a false step, and my foot to slip under me. On getting up, I was unable to stand, and reached my home only with the assistance of my friends.” The patient was first seen by Mr. Andrews (Mr. King's house pupil) and myself. Mr. A. discovered a fracture rather below the inferior third of the left fibula. At four o'clock, Mr. King applied the apparatus of Seutin, although there was considerable pain, with swelling about the ankle. Ten hours afterwards, upon the advice of Mr. King, I cut open the bandage, and applied my elastic India-rubber bands.

14th.—At eleven o'clock, the limb had swollen, and the margins of the apparatus were a little apart; but the patient was free from pain, and seemed comfortable; he kept his bed for the four following days, and was quite easy. On the fifth day he was able to move from his bed with crutches, the leg kept in a sling. Since this time he has been able to take more and more exercise; the swelling has subsided, and the lips of the bandage are in contact. He is now nearly well.

## BIBLIOGRAPHICAL NOTICE.

*Jackson's Report on Typhoid Fever.<sup>1</sup>*

It is a common, and—we think—in general, a correct impression, that the younger members of the profession have, in all ages, contributed more to the improvement of the science by their publications, which form a record of the existing state of doctrines and practice, than those who have been more advanced in years. In explanation of this it has been urged, that the older practitioners are more occupied, it is to be presumed, in the active exercise of their profession, and consequently have not the leisure to publish the results of their observations to the world. This excuse is, however, rarely valid, and it will generally be found, that the same disinclination—for various reasons—to employ the pen has existed at a time when their practical duties were by no means onerous.

It may, we presume, be asserted, without fear of contradiction, that in a profession devoted to the relief of human suffering and to the best interests of humanity, it is the bounden duty of every one to register and publish what he may consider calculated to promote its interests or its objects; and whatever may be the estimation placed upon the benevolent exertions of one who has devoted his whole life assiduously and honourably to the practical pursuits of his profession, it must fall short of that which is entertained for him who, in addition, has put the world in possession of the results of his observation and reflection. In the former case, fresh practitioners soon appear upon the field of his useful labours, and after he has passed away, his memory is cherished for a brief space amongst those who were benefited by his skill and attention, but the feeling soon vanishes and becomes transferred to his successors; whilst, in the latter case, his services are appreciated, not merely amongst the limited circle of his patients; but the profession estimate him as a benefactor, and when he dies, his useful productions cause his memory to be respected, and prevent his name from ever falling into oblivion.

We have not the pleasure of a personal acquaintance with the estimable author of the production before us, but every where we have heard him spoken of as the amiable and excellent physician;—a model of useful and philanthropic exertion, and of honourable and upright conduct towards his professional brethren. Having passed through a long career—destined, we trust to be yet more protracted—of professional usefulness, it is pleasing to see him still anxious to observe accurately the phenomena of disease, and to communicate the result of such observation to his brethren. Dr. Jackson is, indeed, eminently one of that “latter” class to whom our preceding remarks are signally applicable.

The report before us is on the common continued or typhoid fever of New England, and is based on three hundred and three cases, observed in the Massachusetts General Hospital. From it we learn, that the *fatality of the*

<sup>1</sup> A Report founded on the Cases of Typhoid Fever, or the common continued fever of New England, which occurred in the Massachusetts General Hospital, from the opening of that institution, in September 1821, to the end of 1835; communicated to the Massachusetts Medical Society in June 1838. By James Jackson, M. D., late Attending Physician to that Hospital. 8vo, pp. 95. Boston, 1838.

disease was 1 in 7.214; the ratio of males to females 1 to 2.19; the average age 23.309; the deaths in cases admitted in the first week of the disease were 1 in 12.85; in the second week, 1 in 8.68; in the third week, 1 in 4.60; in the fourth, or later, 1 in 4.20.

SYMPTOMS.—Tongue dry in 1 in 2 cases; denuded in 1 in 5.50; dark in 1 in 6.28. Where the tongue was dry, there proved fatal 1 in 4.71 cases; where denuded, 1 in 8; where dark, 1 in 3.23.

Nausea and vomiting were frequent symptoms, especially at the commencement; dysphagia occurred in twenty-one cases; of which four were fatal, that is 1 in 5.25. Meteorism was common. Diarrhœa occurred in 1 case in 1.77; and was followed by death in 1 in 5.21 cases. Where diarrhœa did not exist the mortality was 1 in 13. Hemorrhage from the bowels occurred in 1 in 9.77 cases; of these 1 in 2.81 proved fatal. Where it did not occur the mortality was 1 in 8.77.

The state of the pulse is indicated by the following table:—

	AVERAGE OF	
	least frequent pulse.	most frequent pulse.
In 290 cases, all in which the pulse was sufficiently noted, . . . . .	70.07	106.44
In 1826, . . . . .	70.03	100.30
In 1824, . . . . .	84.00	122.22
In the cases which terminated favourably, taken alone, . . . . .	74.16	102.68
In the cases which terminated unfavourably, taken alone, . . . . .	91.88	129.29
In the males, among these fatal cases, . . . . .	85.50	124.29
In the females, among the same, . . . . .	106.64	138.85

Epistaxis existed in 1 case in 4; and of these 1 in 6.72 proved fatal. In the fatal cases, it occurred in 1 case in 3.81; in the favourable cases 1 in 4.14. In a large proportion of cases chills occurred; much less frequently rigors; and heat was rarely absent. In 184 cases, involuntary dejections of urine were noted in 10 cases; of these 10 cases 6 proved fatal. In 6 cases there was retention of urine; 3 of these proved fatal. Dysuria was troublesome in 6 cases, of which none were fatal. Headache was almost always present early in the disease, and dizziness and tinnitus aurium were very common. Watchfulness was present in 1 case in 3.65; in the favourable cases, 1 in 3.95 was watchful; in the fatal cases, 1 in 2.47. Among the watchful, 1 in 4.88 died. Somnolence occurred at a late stage in many cases where watchfulness had existed previously. It was present in 1 case in 6.44; among the favourable cases as 1 to 7.25; in the fatal cases as 1 to 3.81. In the cases in which it was present, 1 in 4.27 was fatal.

As to the therapeutics of the disease—the great object after all, although we see too many evidences that it is occasionally considered of less moment than diagnosis, which is to be deplored, it is best perhaps to give the summary of the author, with which we must conclude this notice, already extended far beyond our usual limits, with the earnest recommendation, that the pathologist and therapist should carefully peruse and ponder on the “Report,” if they are fortunate enough to have an opportunity of obtaining it.

“In reviewing the statements which have been made in respect to treatment, we may, I think, adopt the following conclusions; at least, we may

adopt them as rendered probably just, and as worthy to guide us in future efforts for the welfare of those affected with the typhoid, or continued fever of New England.

"First, that on the attack of this disease, the patient should immediately desist from labour and mental exertion, abstain from food, except of the simplest liquid food, and place himself in bed, or at least, in a state of repose.

"Second, that free evacuations should be made at the beginning, and that in doing this, a day is important. It is better that they be made the first day than the second, better on the second than the third; but that it is especially important that they should be made as early as the third day. That an emetic of tartarised antimony should first be given, and then an active cathartic or two in the combination. If there is constipation at the time, an active enema, given at first to disembarass the bowels, would no doubt facilitate the action of an emetic. If the vomiting and purging are not followed by great relief, venesection should be practised on the following day, unless the constitution should be very feeble, or the case very mild.

"Third, if the disease has not subsided after the evacuations, tartarised antimony should be given every two hours in increasing doses, after the method of Odier before mentioned. Meanwhile, the bowels should be kept open, and, for two or three of the first days, it would be well that calomel should enter into the medicine used for this purpose; not, however, giving more than one moderate dose in a day. It should be noted, however, that, usually, after the antimony has been given for forty-eight hours, this will act sufficiently on the bowels, and that sometimes it must be restrained by opium.

"Fourth, that, when the disease subsides early under any active treatment, it is quite essential that the patient should be restrained from solid food for two or three days, at least, after he has an appetite for it; and that he then use only vegetable food in small quantities, for two or three days more. Likewise that he should not be allowed to make any efforts of either body or mind, until his convalescence is fully established. By this it is not intended that he should be confined wholly in bed, but that he should be confined to his chamber, and not allowed to talk on business, nor on any interesting subject.

"Fifth, that evacuations, vomiting and purging at least, may be resorted to with advantage in the second week; and that perhaps some benefit may be obtained from antimony in small doses, when commenced in that week. But that, after that period, no active treatment should be employed, or none which will cause any serious inconvenience to the patient.

"The remarks under the following heads are offered as the result of my experience, as it remains in my mind; but not as deductions made according to the numerical method.

"Sixth,—as to diet. There is no point, probably, on which all practitioners are more agreed, than that food should be withheld from persons affected with this disease in its early period, except only the mildest, or most bland, liquid articles. Probably food would be injurious in its early period, at least, if it could be digested. But it cannot be digested perfectly, and often not at all, and that alone should forbid the use of it. When the disease is arrested or mitigated by treatment, it is very certain that an indulgence in the use of food is most commonly injurious, and that the cautions already stated, are not too severe. When, however, the patient is fully reinstated, he must be allowed some extra food for the recovery of his flesh and strength. This must be done cautiously; but an extreme and protracted abstinence is injurious. When the disease runs its usual course, and the appetite for food returns, is there any danger in the indulgence of it? To this question I answer, in proportion as the return of appetite takes place early, more caution is necessary. If it takes place at, or about the end of the third week of the disease; if it is decided, and if it is accompanied by a cleaning of the tongue, almost any article which the patient craves may



be allowed him with safety. The appetite is usually a sufficient guide as to the quality of the food; but not as to quantity. In a large proportion of cases it will be found a most uncertain guide as to quantity. Hence it is necessary to begin with small quantities, and to increase gradually. It is equally necessary to make the intervals long between the portions of solid food, which are given in the early period of convalescence. At first, there should be one portion of solid food in the day; the next day, if every thing is favourable, two portions, with five or six hours between them; and two or three days later, watching the effects, three meals may be allowed. But we are not merely to feel the pulse under these circumstances, to see if the fever has increased. The danger is not, I apprehend, that the system will be too suddenly nourished. It is that the enfeebled organs of digestion may not be able to digest the food. We must therefore watch all the signs which refer to those organs. Only, if the head should ache, or other organs be disturbed, we should remember that the prominent signs of indigestion are often shown elsewhere than in the stomach, and stop the food till it appears whether this is not now the case. It is also to be constantly remembered, that constipation of the bowels will be followed by indigestion, and that evil must therefore be guarded against.

"Seventh, cordials. On this, as under the last case, I must give the convictions arising from the most careful observations I have been able to make in many years. I cannot adopt the more accurate mode of the numerical system. Nor in this case could this system be usefully followed, unless with the greatest attention to the state of each case. It has appeared to me that we should not adopt the rule to give cordials, nor to withhold them, in every case. When a patient is induced to take cordials reluctantly, they seldom benefit him, and are often followed by injury. When he is greatly enfeebled, at a late stage of the disease, he may be safely asked if he wishes for them, and if he does, he may try them; they will seldom hurt him then, if he takes no more than is grateful to him. When he spontaneously demands them, as late as the third week, they will almost always be found useful. Now, in following these rules, I have occasionally found a patient who would take a large quantity of some cordial liquor. But this has been rare. Few take them longer than two or three days, and the majority of patients do not take them at all. It is proper to add that by cordials I mean vinous liquors. I have most commonly found cider grateful in the first instance, beginning with an ounce, two or three times a day, and increasing according to the effects. Sound beer, or ale, is more rarely, but sometimes grateful. In patients much exhausted, however, the strong foreign wines, Sherry, Port, and Madeira, are found most useful. These articles may be diluted, or may be employed to season articles of diet, or may be given alone, according to the taste of the patient."—p. 93.

#### *Granville on Counter-Irritation.<sup>1</sup>*

It would be an essential improvement in therapeutics were the practitioner, instead of flying from one mode of treatment, or from one combination of remedies, to another, to test the advantages to be derived from single articles of the *materia medica*. We have taken numerous occasions to inculcate this simplicity in practice, and to show the absurdity of employing complex combinations, from which but little positive experience can generally be acquired; and although we may not be disposed to embrace the views with which the homœopathists have advised the administration of

<sup>1</sup> Counter-Irritation, its principles and practice, illustrated by one hundred cases of the most painful and important diseases effectually cured by external applications. By A. B. Granville, M. D., F. R. S., &c. &c. 8vo, pp. 353. London, 1838.

single articles, good cannot fail to accrue to the honest observer from an adoption of the recommendation.

The work of Dr. Granville, which is commenced in this number of the "Library," details his experience with révellents, an important class of remedial agents, too much neglected in works on therapeutics, but to which we have devoted a long chapter in another publication.<sup>1</sup> The main efficacy of every local stimulant is doubtless exerted in the way of revulsion.

Dr. Granville's work appeared in London in August, and at the expiration of a month from its reception in this country it will be completed and in the hands of our subscribers.

*Successful Amputation of nearly one half of the Lower Jaw-Bone.* By PAUL F. EVE, M. D., Professor of Surgery in the Medical College of Georgia.<sup>2</sup>—My attention, (says Prof. Eve,) was first called to the following case about the middle of last May, by my friend, Dr. Philip S. Lemle, a highly intelligent practitioner of medicine, of Louisville, in this state. The patient is a negro woman, about 25 years of age, the mother of one child; she had experienced pain in the left side of the lower jaw-bone for ten years. Some of her friends think that she had suffered even from childhood what was supposed the tooth-ache. The molar and bicusped teeth of the side affected had all been successively removed, the last by Dr. Lemle, about four months before the operation. A very large tumour had gradually developed itself around the left half of the lower jaw-bone, and as it was at one time somewhat elastic at one point, had been punctured, from which, however, there flowed only a few drops of blood.

Dinah, the patient, was brought to Augusta on the 26th of last May, and placed under the care of Dr. Antony and myself. In a letter addressed to us, it was stated, "that she had been complaining for years of the jaw-ache, which had entirely resisted the usual remedies for the tooth-ache. The presumption, therefore, is, that the disease has been gradually working its ravages for a great length of time." We were particularly instructed under no circumstances to operate, without there existed a *reasonable hope* of saving her life. It was first determined by us in consultation, to prepare the patient for an operation, which had been decided upon, not only from the existing circumstances of the case, but also from the knowledge of the judicious treatment of the disease by Dr. Lemle, aided by Dr. Jenkins, an old and very respectable physician, also of Louisville. But during the night of the 29th, three days after her arrival, Dinah was nearly suffocated by the pressure of the tumour upon the larynx, and was only able to swallow after the application of ice to it. This at once hastened our preparations for the operation, which was performed on the 31st of May, and certainly not under very favourable circumstances.

Assisted by the faculty, but more especially by Drs. Antony and Newton, the operation was commenced by making an incision from the left angle of the mouth, and extending it in a perpendicular line to the thyroid gland, from which an illiptical one was made to the lobe of the left ear, including the most prominent part of the tumour in the illipsis. Upon cutting through the lip and denuding the lower jaw-bone, we found an effort of nature at separation near its symphysis. Extracting the canine or stomach tooth, the bone was divided by a small saw, half an inch beyond the line marked by the absorbents. The next object was the removal of the inferior maxillary on the affected side from its connection with the temporal bone, or of its division, provided the disease was arrested in it short of this articulation. By careful dissection, a line was perceived and defined by the absorbents in

<sup>1</sup> General Therapeutics, p. 333, Philada., 1835.

<sup>2</sup> Southern Medical and Surgical Journal, for July, 1838.

the lower part of its neck. The saw was again employed, leaving only the condyle with a small portion of the neck, and the operation was completed by detaching the insertion of the temporal muscle into the coronoid process of this bone, which was removed with the diseased mass. The section of the lower jaw-bone measured at its base four and three quarter inches.

The outer surface of the portion of bone removed was very rough, and denuded of its periosteum, to which latter was attached a large irregular fungous growth, varying in consistency from cartilage to fibrous structure, and extending into the skin and surrounding tissues—there being nothing in this direction like a cyst or even decided limit to the disease. The periosteum of the inner surface of the bone was not completely detached from it, and to it were also adherent large masses of fungus, which had filled the mouth, pushing the tongue to the right side, and projecting down the throat. These had an investing membrane of a delicate structure, and resembled large irregular tubercles. The artery of the lower jaw-bone was entirely obliterated, and its canal was greatly enlarged and made very rough by the action of the absorbents. At both the divisions, however, made by the saw, this bone bled freely, thereby proving that at these places it was sound and unaffected by the disease which had destroyed a portion of its body.

As the patient had fainted several times during the operation, though sustained by stimuli, and as the tumour was not encysted, it was found impracticable to remove every part which had become affected by the diseased action. We had, moreover, proceeded in this case upon the principle, that the disease originated in the bone, and that if the root and body of the tumour were extracted, its projections into the surrounding tissues would necessarily be absorbed. A small tubercle was, therefore, left under the zygomatic arch, together with some enlargement in the skin over the left carotid artery, and also over the thyroid cartilage.

The application of three ligatures to as many arteries, some eight or ten sutures in the skin, with adhesive strips and patent lint to fill up the cavity made by the removal of the jaw-bone and tumour, with a bandage, completed the dressing; and the patient was placed in bed, after having been on the operating table three hours. Much of this time, however, was consumed in restoring her from syncope. After this, with the exception of various accidental symptoms, she went on improving up to the 17th of June.

I have nothing particular to relate, (adds Prof. Eve,) concerning the patient up to the 17th, except the difficulty, common with all negroes, of making her comprehend the importance of diet. She would insist upon solid food, particles of which were frequently found in the lips of the wound. She had also two attacks of colic, the result of eating improperly. It was about this time I perceived the skin taking on disease in the region of the pomum adami, and soon two tubercles projected from it into the wound, all of which had cicatrised except this place, where an opening was still kept up, and through which a portion of her ingesta, particularly fluids, would flow out.

On the 21st of June, I had to leave Augusta for Charleston, to bring home a near relative, saved from the awful shipwreck of the *Pulaski*, and on my return saw with regret that diseased action, apparently of the most malignant nature, had not only commenced in the skin, but had also invaded the sound cicatrix. Creosote, iodine, &c., were now freely employed, but seemingly to little purpose, and Dinah left on the 9th of July for the country.

I had the pleasure to hear, on the 2d of August, (more than two months since the operation,) from my patient, who is unexpectedly much improved. She has still continued the internal use of iodine, nine drops of the tincture three times daily, and dresses the ulcer with chloride of soda. I learn the diseased skin has sloughed off, and the only tumefaction now existing is in the right sub-maxillary gland. There is no enlargement under the zygomatic arch, nor in the course of the left carotid. Her appetite is good, and she takes exercise daily.

**British Provincial Medical and Surgical Association.**—At the sixth anniversary of this "important and rapidly increasing society," held at Bath, on the 18th and 19th of July last, the following gentlemen were appointed "Honorary Corresponding Members:—"

**RUSSIA.**—*F. C. Markus, M. D.*, Chief Physician to the Gallitzin Hospital, Moscow, Counsellor of State, Knight of the Order of St. Anne and St. Wolodmir. *George Lefevre, M. D.*, Physician to the British Embassy, St. Petersburg.

**SWEDEN AND NORWAY.**—*D. Holst, M. D.*, Professor of Medicine in the Royal Frederick's University, Christiana.

**DENMARK.**—*C. Otto, M. D.*, Professor of Pharmacology and Forensic Medicine in the University of Copenhagen.

**AUSTRIA.**—*Burkard Eble, M. D.*, Military Surgeon, Librarian of the Josephine Academy, Vienna.

**HOLLAND.**—*J. L. Schroeder van der Kolk, M. D.*, Professor of Anatomy and Physiology in the University of Utrecht.

**FRANCE.**—*E. C. A. Louis, M. D.*, Physician to La Pitié, Paris. *M. ANDRAL.*

**ITALY (North).**—*Carlo Francisco Bellingeri, M. D.*, President of the Medical Faculty in the University of Turin, &c. (South). *Maurizio Bufalini, M. D.*, Professor of Clinical Medicine at the Hospital Santa Maria, Florence.

**PORTUGAL.**—*Antonio Jose de Luna Litao, M. D.*, Physician to the Hospital San Lazaro, Lisbon.

**UNITED STATES OF AMERICA (North).**—*John C. Warren, M. D.*, Professor of Anatomy and Surgery, Harvard University, Boston. (South). *Robley Dunglison, M. D.*, Professor of the Institutes of Medicine, &c., Jefferson College, Philadelphia.

**EAST INDIES.**—*W. B. O'Shaughnessy, M. D.*, Professor of the Institutes of Medicine in the Medical College, Calcutta.

**BRAZILS.**—*Luis Vicente de Simoni, M. D.*, Secretary of the Imperial Academy of Medicine of Rio Janeiro.

**MEXICO.**—*Guillemio Schjede, M. D.*, Member of the Academy of Medicine, Mexico.

**AUSTRALIA.**—*E. C. Hobson, M. D.*, Naturalist to the Colony of Van Dieman's Land, Hobart Town.

The next Anniversary will be held at Liverpool.

#### BOOKS RECEIVED.

**From the Author.**—A Report founded on the Cases of Typhoid Fever, or the common continued fever of New England, which occurred in the Massachusetts General Hospital, from the opening of that institution in September 1821 to the end of 1835; communicated to the Massachusetts Medical Society, in June 1838. By James Jackson, M. D., late Attending Physician in that Hospital. 8vo, pp. 95. Boston, 1838.

**From the Publishers.**—Health and Beauty, an explanation of the Laws of Growth and Exercise; through which a pleasing contour, symmetry of form, and graceful carriage of the body are acquired; and the common deformities of the spine and chest prevented. By John Bell, M. D., Lecturer on the Institutes of Medicine and Medical Jurisprudence, &c. &c. 12mo, pp. 253. Philad., 1838.